

WORKING CONNECTIONS CHILD CARE (WCCC)  
**WCCC RIGHTS AND RESPONSIBILITIES**

CASE NAME

CLIENT IDENTIFICATION NUMBER

**I am responsible to:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Give us information so we can determine your eligibility and authorize child care payments correctly;</li> <li>• Choose a provider who meets requirements of WAC 388-290-0125 and make your own child care arrangements;</li> <li>• Pay, or make arrangements to have someone pay, your WCCC monthly copayment directly to your child care provider. <b>Failure to do so may result in your child care subsidies being terminated;</b></li> <li>• Leave your children with you provider for approved activities or arrange to pay the provider yourself, as the provider requires, for care while you are engaged in unapproved activities.</li> <li>• Keep attendance records when you choose in-home/relative child care. Records must be:             <ul style="list-style-type: none"> <li>▶ Provided when requested; and</li> <li>▶ Kept for one year after care has been provided.</li> </ul> </li> <li>• Pay your in-home/relative provider the entire amount we send you for in-home/relative care listed on the remittance advice notice you receive with the warrant.</li> <li>• Get a receipt for any money you pay to your provider. You must keep the receipts for one year for DSHS to review on request;</li> <li>• Cooperate with the quality assurance review process to remain eligible for WCCC. You become ineligible for WCCC benefits upon a determination of noncooperation by quality assurance and remain ineligible until you meet quality assurance requirements or thirty days from the determination of noncooperation.</li> <li>• Cooperate with the fraud early detection (FRED) investigator. If you refuse to cooperate (provide information requested) with the investigator, it could affect your benefits.</li> <li>• Notify WCCC authorizing worker, within five days, of any change in providers;</li> <li>• Notify your provider within 10 days when we change your child care authorization.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Report to your child care authorizing worker, within 24 hours, any pending charges or conviction information you learn about your in-home/relative provider.</b></li> <li>• <b>Report to your child care authorizing worker, within 24 hours, any pending charges or conviction information you learn about anyone sixteen years of age and older who lives with the provider when care occurs outside of the child's home.</b></li> <li>• Report changes to the WCCC authorizing worker within 10 days of:             <ul style="list-style-type: none"> <li>▶ The number of child care hours needed (more or less hours);</li> <li>▶ The household income to including any TANF grant or child support increases or decreases;</li> <li>▶ Your household size such as any family member, including parent or spouse, moving in or out of your home;</li> <li>▶ Employment, school or approved TANF activity (starting, stopping, or changing);</li> <li>▶ The address and telephone number of your in-home/relative provider;</li> <li>▶ Your home address or telephone number; or</li> <li>▶ Your legal obligation to pay child support.</li> </ul> </li> <li>• <b>Failure to report changes promptly may result in an overpayment or you may have to pay more than your normal share of child care costs.</b></li> <li>• Return all requested information for your provider immediately. Your in-home/relative provider prior to the date all background check results are received will not be issued payment for care.</li> <li>• Do not leave your children in care for reasons other than those listed on the front of this form, unless you have made arrangements with your provider to pay for the care yourself. If you want to participate in an activity other than what is authorized on the front of this form, and want DSHS to pay for your child care, you must first contact your child care authorizing worker.</li> </ul> |
|---|--|

I understand that:	
<ul style="list-style-type: none"> <li>• I will be treated politely and fairly no matter what my race, color, political beliefs, national origin, religion, age, gender, disability or birthplace;</li> <li>• I will have WCCC eligibility determined within thirty days from my application date;</li> <li>• I will be informed, in writing, of my legal rights and responsibilities related to WCCC benefits;</li> <li>• My information will be shared with other agencies when required by federal or state regulations;</li> <li>• I will get a written notice at least ten days before DSHS makes changes to lower or stop benefits except as stated in WAC 388-290-0120;</li> <li>• I may ask for a hearing if I do not agree with DSHS about a decision</li> </ul>	<ul style="list-style-type: none"> <li>• I may ask a supervisor or administrator to review a decision or action affecting my benefits without affecting the right to a hearing.</li> <li>• I may have an interpreter or translator service within a reasonable amount of time and at no cost to me;</li> <li>• I may choose my provider as long as the provider meets the requirements in WAC 388-290-0125.</li> <li>• I may ask the fraud early detection (FRED) investigator from the division of fraud investigations (DFI) to come back at another time. I do not have to let an investigator into my home. This request will not affect my eligibility for benefits. If I refuse to cooperate (provide information requested) with the investigator, it could affect my benefits.</li> </ul>

**Hearing Rights:** You have a right to a hearing. To request a hearing, contact this office or write the Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2465. You must request your hearing within 90 days of the date you receive this decision. At the hearing, you have the right to represent yourself, be represented by an attorney or by any other person you choose. You may be able to get free legal advice or representation by contacting an office of legal services. You may be eligible to receive continued benefits pending the outcome of a hearing if you request the hearing on or before the effective date of an action or no more than 10 days after the department sends you notice of the action.